

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 575672

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1			1	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11			1	
12				
13				
14				
15				
16			1	
17				
18			1	
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48				
49				
50				
TOTAL IND.			4	↓
TOTAL DEP.	←	←	16	←
TOTAL CLAIMS			20	

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
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96				
97				
98				
99				
100				
TOTAL IND.			↓	
TOTAL DEP.	←	←	↓	←
TOTAL CLAIMS			↓	←